

Dear Civil Surgeon:

On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa or adjustment of status for permanent residence to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if: (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all adjustment of status applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that civil surgeons can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective immunization schedules. **These new immunization instructions shall apply to all medical examinations and are now in effect.**

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens in the United States, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens in the United States and The Medical Examination of Aliens Seeking Adjustment of Status Form (I-693), will be revised later this year to formally include these changes. Please note that civil surgeons should continue to give aliens the medical report in a sealed envelope for presentation to INS, however, a **copy** of the supplemental form to I-693 indicating the alien's immunization history should be given to aliens for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS IN THE UNITED STATES
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANTS

April 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since civil surgeons normally see applicants only one time, ACIP's recommendations are not completely translatable to immigrants applying for adjustment of status in the United States. As a result, these instructions and tables have been developed to provide guidance to civil surgeons performing the medical examination in the United States. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Adjustment of Status Applicants who are not Fully Vaccinated (or Have no Documentation) and Examined in the United States.

2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, *Vaccine Schedule for Routine Immunizations*.
4. Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine*.
5. Supplemental Form to I-693.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.
- or
2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

INS will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. Written Vaccination History

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine*. Transfer the applicant's vaccine history to the Vaccine History section of Supplemental Form to I-693. Only those doses of vaccine that include date of receipt (month, day and year) are acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. Vaccination Series Complete Prior to Medical Examination

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has evidence of immunity to a disease for which vaccination is required.

- A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written laboratory evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B, or, in the case of chickenpox (varicella), if there is a reliable history of the disease (verbal or written report of prior varicella [chickenpox] infection) or laboratory evidence of chickenpox immunity. Applicants who present evidence of immunity, or, in the case of varicella, a reliable history of the disease, require no further vaccination against those diseases. (The date of the laboratory test should be entered in the "Completed Series or

Fully Immune" column of the Supplemental Form to I-693.)

- B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,¹ note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. Insufficient Time Interval Between Doses

Table 3 is the recommended routine schedule for vaccines administered in the United States. If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. Seasonal Administration of Influenza Vaccine

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. Religious or Moral Objection to Vaccination

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. Vaccination Series Incomplete After Medical Examination - Waiver

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the civil surgeon and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine, check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above.")

5. Vaccination Series Complete After Medical Examination

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. Immunization Requirements Not Met - No Waiver Application

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. Copy of Supplemental Form to I-693

A completed **copy** of Supplemental Form to I-693 must be provided to each applicant. Continue furnishing the medical exam report to the alien in a sealed envelope for submission to INS. Note: Only the civil surgeon should complete the Supplemental Form to I-693.

8. The civil surgeon should counsel all applicants who do not have a complete series for a vaccine to seek a private physician who can assist the applicant in becoming fully vaccinated.

[**footnote**] ¹The civil surgeon may refer the applicant to another health care provider to receive required vaccinations. In such a case, the civil surgeon should not complete the Supplemental Form to I-693 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

"Addendum To The Technical Instructions For Medical Examination Of Aliens In The United States, June 1991", Vaccination Requirements For Immigrants, April 1997

VACCINE INFORMATION STATEMENTS (VIS)

INFORMING PATIENTS AND PARENTS

The patient, parent and/or legal guardian should be informed about the benefits to be derived from vaccines in preventing disease in individuals and in the community, and about the risks of those vaccines. The National Childhood Vaccine Injury Act of 1986 (NCVIA) included requirements for notifying patients and parents in both the private and public sectors about vaccine benefits and risks. This legislation mandates distribution of standardized vaccine information statement(VIS) when administering vaccines for which compensation is available. The vaccines to which these requirements apply are measles, mumps, rubella, polio, pertussis, diphtheria, and tetanus, hepatitis B, varicella and *Haemophilus influenzae* type b. The enclosed VIS should be used for this purpose. For vaccines not included in the Vaccine Injury Compensation Program (influenza and pneumococcal), CDC has developed the enclosed VIS, which should also be used to inform patients about vaccine benefits and risks.

PROCEDURAL INFORMATION

The enclosed vaccine information statements (VIS) may be used by your office to reproduce additional copies to be made available to your applicants. No additional sets of the camera-ready vaccine information statements will be provided by this office.

Although the hepatitis A vaccine information statement is included in this standard set of vaccine information statements, hepatitis A vaccine is not a requirement for the immigration medical examination. Also, because the vaccine information statement for influenza vaccine changes each flu season to allow for shifts in the influenza virus, your office should obtain the appropriate information statement for influenza vaccine each flu season from the local health department.

To order additional sets of the camera-ready vaccine information statements, call your state or local health department or call CDC's Immunization Hotline at 800-232-2522.

"Addendum To The Technical Instructions For Medical Examination Of Aliens In The United States, June 1991", Vaccination Requirements For Immigrants, April 1997

VACCINATION REQUIREMENTS FOR REFUGEES

An applicant appearing for medical examination who presents documentation that he/she entered the United States as a refugee should be assessed for the vaccination requirements **only**. No other evaluation or testing should be conducted on these applicants except in rare circumstances, where the applicant indicates or presents documents that medical grounds of inadmissibility arose at the time of admission into the United States as a refugee. In these rare cases, a complete medical examination should be done.

Background

The Immigration and Naturalization Service (INS) has determined that the vaccination requirements do not apply to aliens seeking admission to the United States as refugees under section 207 of the Act. Therefore, the initial medical examination report done overseas for refugees need not include a vaccination assessment. However, when applying for adjustment of status in the United States under section 209 of the Act, refugees must satisfy the vaccination requirements. For refugees, the adjustment of status application should include the medical examination report issued by the panel physician at the time of application for admission as a refugee, and the Supplemental Form to I-693 indicating the results of the vaccination assessment performed by the civil surgeon following admission to the United States. Please note that, while it is not required, many refugees will have received vaccinations overseas as part of the refugee processing.

Procedure for determining refugee status

Obtain the applicant's Form I-94 Arrival document to determine whether the applicant was admitted to the United States as a refugee pursuant to Section 207 of the Immigration and Nationality Act. Verify that the I-94 form belongs to applicant by comparing it with other identification documents. Please note that many refugees may not have passports.

Vaccination Assessment

Once it is determined that the applicant is a refugee, complete the vaccination assessment in accordance with the "Addendum To The Technical Instructions For Medical Examination Of Aliens In The United States, June 1991," Vaccination Requirements For Immigrants, April 1997. The Supplemental Form to I-693 will be the only form completed for these applicants. Please note that many of these applicants are expected to have a personal immunization record(s) indicating vaccines received prior to entry as a refugee and also after entry in the United States.

SUPPLEMENTAL FORM TO I-693
Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

 (Family) (Personal) (Middle) Date of Birth _____
 (Month, Day, Year)

____ Male ____ Female Passport # _____ Country _____

2. Immunization Record

| Vaccine History Transferred from a Written Record | | | | | Vaccine Given | Completed series or Fully immune (Check if YES or write date of lab test if immune) | Waiver(s) to be Requested from INS | | | |
|---|----------------------|----------------------|----------------------|----------------------|--------------------------------------|--|------------------------------------|-------------------|----------------------------|-----------------------|
| | | | | | Blanket | | | | | |
| | | | | | Not Medically Appropriate | | | | | |
| Vaccine | Date Rec'd Mo/Day/Yr | Date Rec'd Mo/Day/Yr | Date Rec'd Mo/Day/Yr | Date Rec'd Mo/Day/Yr | Date given by Civil Surgeon Mo/Da/Yr | | Not appropriate age | Contra-indication | Insufficient time interval | Not fall (flu) season |
| DT/DTP | | | | | | | | | | //////// |
| Td | | | | | | | | | | //////// |
| Polio (OPV/IPV) | | | | | | | | | | //////// |
| Measles (or MR or MMR) | | | | | | | | | | //////// |
| Mumps (or MMR) | | | | | | | | | | //////// |
| Rubella (or MR or MMR) | | | | | | | | | | //////// |
| Hib | | | | | | | | | | //////// |
| Hepatitis B | | | | | | | | | | //////// |
| Varicella | | | | | | | | | | //////// |
| Pneumococcal | | | | | | | | | | //////// |
| Influenza | | | | | | | | | | |

3. Results

- ☐ Applicant may be eligible for blanket waiver(s) as indicated above.
- ☐ Applicant will request an individual waiver based on religious or moral convictions.
- ☐ Vaccine history complete for each vaccine, all requirements met.
- ☐ Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name _____ Date _____
 (print or type)

Civil Surgeon's Signature _____

**The following is cover letter dated March 9, 1998 which was sent to Civil Surgeons indicating changes made to "Addendum to Technical Instructions for Medical Examination of Aliens In The United States, June 1991," Vaccination Requirements For Immigrants, April 1997. These changes have been incorporated in the attached preceding copy of the addendum to the technical instructions.

Dear Civil Surgeon:

On April 11, 1997, the Centers for Disease Control and Prevention (CDC) distributed the technical instructions and guidance for implementing the new vaccination requirements for immigrants. In our cover letter to civil surgeons, we asked that you provide us with any comments you may have after implementing the new instructions for vaccination requirements. We received a number of comments from civil surgeons, and we have made appropriate changes based on those comments. Please substitute the enclosed pages in your technical instructions for vaccination requirements.

Pages Enclosed

Page 3, Table 3 and addition of Appendix A and Appendix B.

Pages Superseded

Page 3, Table 3 and addition of Appendix A and Appendix B.

Background

On page 3, Paragraph A has been modified to allow for a change in varicella history. This change allows for a verbal history of varicella (chickenpox) or written report of prior chickenpox infection as well as laboratory evidence for immunity.

Paragraph A has been modified to read as follows: (changes noted in italics.)

- A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written laboratory evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B, or, in the case of chickenpox (varicella), *if there is a reliable history of the disease (verbal or written report of prior varicella [chickenpox] infection) or laboratory evidence of chickenpox immunity. Applicants who present evidence of immunity, or, in the case of varicella, a reliable history of the disease, require no further vaccination against those diseases. (The date of the laboratory test should be entered in the "Completed Series or*

Fully Immune" column of the Supplemental Form to I-693.)

Table 3 has been modified to include additional vaccine schedule information for the following vaccines: Tetanus and Diphtheria Toxoids combined and Pertussis Vaccine (DTP), Tetanus and Diphtheria Toxoids Combined (Td), Measles Vaccine, and Varicella Vaccine. Also, reference to DtaP (Diphtheria and Tetanus toxoids and acellular pertussis vaccine) has been added to Table 3.

Appendix A should be added after page 6. Appendix A is entitled **"Vaccine Information Statements (VIS)."** The appendix provides information concerning the use of the enclosed set of vaccine information statements (VIS).

Appendix B should be added after Appendix A. Appendix B is entitled **"Vaccination Requirements for Refugees."** The appendix provides information and instructions regarding the vaccination assessment for those applicants who were admitted to the United States as refugees. This appendix also describes the procedure for determining if an applicant is a refugee.

If you receive this letter and are currently conducting medical examinations for the Immigration and Naturalization Service(INS), but you did not receive a copy of the "Addendum To The Technical Instructions For Medical Examination Of Aliens In The United States, June 1991," Vaccination Requirements For Immigrants, April 1997, that were distributed on April 11, 1997, please call (404)639-8109. Also, if you receive this letter and are no longer conducting medical examinations for INS, please call the same number so that we can remove your name from our list of civil surgeons. If you have not already done so, you should also inform your INS District Office.

Lastly, the technical instructions in their entirety, including this revision, are now available at our internet address on the world wide web server at <http://www.cdc.gov/ncidod/dq/technica.htm>. Files are in Adobe Acrobat format.

Thank you for your assistance.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosures